

## ATTACHMENT 1 - BID FORM



RECOVERY.GOV

OWNER: Montana Department of Environmental QualityPROJECT: Marysville Collapse FeatureCONTRACT NUMBER: 410018CATEGORY OF IMPROVEMENTS: Conducting Reclamation of Collapse Feature on Bureau of Land Management Property

ASSURANCES BY BIDDER: The undersigned Bidder has familiarized itself with the nature and extent of the Contract Documents, Work, locality, and with all local conditions and federal, state and local laws, ordinances, rules, and regulations that in any manner may affect cost, progress, or performance of the work.

Bidder has attached a copy of its current Montana Certificate of Contractor Registration to the Bid Form. Failure to submit a Certificate will result in a determination that the Bidder is not a responsible bidder and is a basis for Owner to reject the Bid.

Bidder proposes to furnish all materials and complete all Work prior to June 18, 2010, complete in its entirety in the manner and under the conditions required in the Contract Documents, at the price listed herein as Total Contract Price. This price shall cover all expenses to be incurred in performing Work required under the Contract Documents, of which this Bid Form is a part. Amounts are shown in both words and figures, where indicated. In case of discrepancy, the amount shown in words will govern.

The Total Contract Price includes all labor, materials, mobilization and demobilization, overhead, profit, insurance, and incidentals required to complete Work.

Bid Prices for Conducting Reclamation of Collapse Feature on Bureau of Land Management Property within the town of Marysville, Montana in Lewis and Clark County				
Item	Unit	Number of Units	Cost per Unit	Total Cost
1. Mobilization/Demobilization	LS	1	\$	\$
2. Remove and Replace Fence	LS	1	\$	\$
3. Handle Materials at Collapse Feature	LS	1	\$	\$
4. Fill Collapse Feature	LS	1	\$	\$
5. Regrade/revegetate Disturbed Areas	LS	1	\$	\$
TOTAL CONTRACT PRICE				\$
TOTAL CONTRACT PRICE IN WORDS:				

LS = Lump Sum

BIDDER Name: \_\_\_\_\_

By: \_\_\_\_\_  
Name / Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Tax ID. No.: \_\_\_\_\_

Contractor Registration Number / Effective Date \_\_\_\_\_

DUN and Bradstreet Universal Number System Number \_\_\_\_\_

**[Attach copy of current Certificate of Contractor Registration(s) to Bid Form]**